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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

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TO: U.S. Patent and Trademark Office
Examiner: Joseph D. Torres
Art Unit: 2133

DATE: August 27, 2002

FROM: Erin P. Madill

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 3

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MESSAGE:

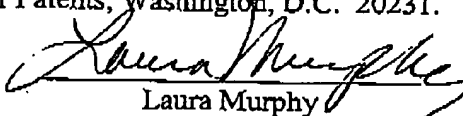
Patent Application No.: 09/871,596; Our Ref. 81754.0061

I hereby certify that the following documents:

- ☒ Amendment Transmittal
- ☒ Response to Restriction Requirement

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GROUP 2100

TELECOPY/FAX NUMBER: 703-746-7239 ART UNIT 2133

CLIENT NUMBER: 81754.0061

ATTORNEY BILLING NUMBER: 3606

CONFIRMATION NUMBER: 703-308-7066 (return fax to Diane Zynn)

FORM PTO-1083

81754.0061

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Noriyuki SARUHASHI et al.

Serial No: 09/871,596

Filed: May 30, 2001

For: Physical Layer Device Testing Method, Physical Layer
Device with Test Circuit and Transmitting/Receiving
Circuit with Test Circuits

Art Unit: 2133
Examiner: Torres, Joseph D.

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is being transmitted via facsimile to
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Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	13	-	20 **	0	LG=\$18 SM=\$9	\$0	\$ 0
INDEPENDENT CLAIMS FEE	5	-	5 ***	0	LG=\$84 SM=\$42	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: Erin P. Madill

Erin P. Madill
Registration No. 46,893
Attorney for Applicant(s)

Date: August 27, 2002

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SC
#5
10/7/03

PATENT
81754.0061

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Noriyuki SARUHASHI et al.

Serial No: 09/871,596

Filed: May 30, 2001

For: PHYSICAL LAYER DEVICE TESTING
METHOD, PHYSICAL LAYER DEVICE
WITH TEST CIRCUIT AND
TRANSMITTING/RECEIVING CIRCUIT
WITH TEST CIRCUITS

Art Unit: 2133

Examiner: Torres, Joseph D.

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Washington D.C. 20231, on
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RESPONSE TO RESTRICTION REQUIREMENT

Box Non-Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

In response to the Restriction Requirement dated July 30, 2003, Applicant elects for prosecution the claims of Group I, 1-3.

If there are any fees due in connection with the filing of this response, please charge the fees to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: August 27, 2003

By: Erin P. Madill
Erin P. Madill
Registration No. 46,893
Attorney for Applicant(s)

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